Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
FOR		NUM	IBER FILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FÉE
ВА	SIC FEE						345.00	OR		690.00
TC	TAL CLAIMS		[8 minus 20= *			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	_AIMS	<u> う</u> minus	3 = *		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	690
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR		OTHER THAN SMALL ENTITY		
AMENDMENT A	di di	CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDA	Total	16	Minus	··· 20	=	X\$ 9=	-	OR	X\$18=	
AM	Independent FIRST PRESE	NTATION OF	Minus MULTIPLE DE	PENDENT CLAIM	=	X89=	4300	OR	X78=	
		<u></u>				+130=		ОR	+260=	
5	DVE					TOTAL ADDIT. FEE	430	OR	TOTAL ADDIT. FEE	
		(Column 1		(Column 2)	(Column 3)		•			
ENT B		REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	- 16	Minus	" 20	=	X\$ 9=	1	ÖR	X\$18=	
AME	Independent	* <u>/</u>	Minus	***	=	X		OR	X78=	
	FIRST PRESE	1:05=	1,	OR	+260=					
	t	SE21 A	MILADL	E COPY		TOTAL ADDIT. FEE	Ø	or	TOTAL ADDIT. FEE	
		(Column 1)	(Column 2)	(Column 3)					
ENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9= ·		OR	X\$18=	
	Independent	*	Minus	***	=	X39=			X78=	
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAIM				OR	•	
* 1	f the entry in colu	mn 1 is less tha	n the entry in colu	ımn 2, write "0" in co	lumn 3.	+130=		OR	+260=	
***	f the "Highest Nur If the "Highest Nu	mber Previously mber Previously	/ Paid For" IN THI / Paid For" IN TH	S SPACE is less that IS SPACE is less that I I I I I I I I I I I I I I I I I I I	n 20, enter "20." an 3, enter "3."	ADDIT. FEE			TOTAL ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/650329

Total Fee Calculation

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	Fre Cuts	Total # «Diares	Number Essen N	<u> </u>	F-c	• Tarai
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Indopendani Glau n , (k)	<u> </u>	<u> </u>	·	7		.—_ `
Multi-Cap Claim in man	274 144				•	
Sureharge	202-103					(30
English Translation	1:6					
TOTALIFEE CALCUL	V.71:05					820
Free Cae upan Aling t	14 Application		•			
Total Filing Fees Day	= 3	320.	N			
Less Filing Fees Submi	med - S					
BALANCE DUE	= 5	82	0,00			

BEST AVAILABLE COPY

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FORM OIPE-RAM-01 (Rev. 12/97)